HOSPITAL SELF ASSESSMENT SURVEY

READ CAREFULLY!

- *You only need to send in the requested documents if you did not complete the survey last year or unless the documents have been updated since last year's submission*.

- When entering the Name of Facility, please include the full name of the facility. (exp. Texas Health Harris Methodist Hospital Southwest Fort Worth)

- Please answer the question truthfully. This is the only way we will be able to assist you in your duties as a birth registration facility.

BIRTH FACILITY SELF ASSESSMENT SURVEY

FACILITY INFORMATION

Name of Facility:	AOP Entity Code:
Physical Address:	
City:	County:
Mailing Address (if Different):	

INFORMATION OF PERSON COMPLETING FORM

Your Name:	Your Official Job Title:
What Roles Do Perform In TER (Check All that Apply): ☐ Birth Record Data Entry ☐ Birth Certification ☐ Running Reports ☐ Local Administration Functions (Adding Users/Changing Passwords) ☐ None (Not a TER user) ☐ Others (Specify) _____	
Email Address:	Telephone Number (Including Area Code):
Fax Number:	

REGISTRATION

1. How many birth certificates did your facility file in the previous year?_____

TRAINING

Indicate vital records training you or your staff have received in regards to birth registration.				
1. Vital Statistics Annual Conference	Year		Number of Staff	
2. Vital Statistics Regional Conference	Year		Number of Staff	
3. Acknowledgment of Paternity Training	Year		Number of Staff	
4. Other (Specify):	Year		Number of Staff	

STAFFING INFORMATION.

1. Is the Birth Registration Office located near Labor and Delivery?
   - ☐ Yes
   - ☐ No

   If "No", please specify: _____

2. Indicate the number of staff at your facility that deal with the birth registration process: _____

RESOURCES AND FUNCTIONS

1. How often does your facility visit the Texas Vital Statistics website (www.texasvsu.org)?
   - ☐ Daily
   - ☐ Weekly
   - ☐ Semimonthly (twice a month)
   - ☐ Monthly
   - ☐ Bi-yearly
   - ☐ Yearly
   - ☐ Never

2. How long does your facility keep the following documents at your facility after completion:
   a. Verification of Birth Facts (VS-H4) _____
   b. ImmTrac Newborn Registration (NB-2/NB-2S) _____
   c. Acknowledgement of Paternity (VS-159.1) _____
   d. Rescission of Acknowledgement of Paternity (VS-158) _____
   e. Parent Survey on the Acknowledgement of Paternity (1798) _____
   f. Mother's Worksheet (VS-109.1/VS-109.1A) _____
   g. Medical Data Worksheet (VS-109.2) _____

3. Do you have a training manual for birth registration functions for new employees?
    - ☐ Yes (If yes, please provide a sample not to exceed 5 pages)
    - ☐ No
4. How often does your facility run timeliness adhoc reports?
    - ☐ Daily
    - ☐ Weekly
    - ☐ Semimonthly (twice a month)
    - ☐ Monthly
    - ☐ Bi-yearly
    - ☐ Yearly
    - ☐ Never

PROCEDURES

1. Does your facility have procedures for handling the following situations:
    a. Adoptions
        - ☐ Yes (If yes, please provide a sample not to exceed 5 pages)
        - ☐ No

    b. Gestational Agreements (i.e. Surrogacy)
        - ☐ Yes (If yes, please provide a sample not to exceed 5 pages)
        - ☐ No

    c. Non-Institutional and En Route Births
        - ☐ Yes (If yes, please provide a sample not to exceed 5 pages)
        - ☐ No

    d. Working with Child Protective Services
        - ☐ Yes (If yes, please provide a sample not to exceed 5 pages)
        - ☐ No

    e. Abandoned Babies (Foundlings)
        - ☐ Yes (If yes, please provide a sample not to exceed 5 pages)
        - ☐ No

TEXAS ELECTRONIC REGISTRAR (TER) USAGE/SOFTWARE ASSESSMENT

1. Is TER available at your facility for:
   - ☐ Birth Registration
     - ☐ Yes
     - ☐ No (If no, do not complete the rest of this section)

If No, Please explain:

   - ☐ Death Registration
     - ☐ Yes
     - ☐ No

If No, Please explain:

2. How many TER Users does your facility have for the birth registration process? _____

3. Do all of your facility's TER users have unique user ids and passwords?
   - ☐ Yes
   - ☐ No

If No, Please explain process:

4. How many TER birth certificate certifiers does your facility have? _____

5. Do your facility's TER birth certificate certifiers also release the records to the state?
    - ☐ Yes
    - ☐ No

If No, Please explain process:

6. Does your facility update the user security table when needed? (i.e. add new employees to TER, disable employees no longer with your facility, change passwords, etc.)?
    - ☐ Yes
    - ☐ No

If No, Please explain process:

7. How often does your facility check the Unresolved Records queue for records rejected by the states?
    - ☐ Daily
    - ☐ Weekly
    - ☐ Semimonthly (twice a month)
    - ☐ Monthly
    - ☐ Bi-yearly
    - ☐ Never

8. Does your facility compare the signed Verification of Birth Facts with the information in TER for accuracy before releasing the record to the state?
    - ☐ Yes
    - ☐ No

If No, Please explain process:

9. How often does your facility perform quality assurance by comparing medical record data with the information entered into TER?
    - ☐ Daily
    - ☐ Weekly
    - ☐ Semimonthly (twice a month)
    - ☐ Monthly
    - ☐ Bi-yearly
    - ☐ Yearly
    - ☐ Never

By signing below, I attest that the information provided above is true and accurate to the best of my knowledge.

_____ _____

Signature Date